

TRANSMITTAL FORM	Attorney Docket No. 3037P
-------------------------	-------------------------------------

In re the application of: **Paul NGUYEN, et al.**

Confirmation No: **6354**

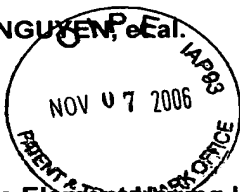
Serial No: **10/783,416**

Group Art Unit: **2891**

Filed: **February 19, 2004**

Examiner: **Menz, Douglas M.**

For: **Spin Transfer Magnetic Element Having Low Saturation Magnetization Free Layers**



ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	46	44	2	\$ 25.00	\$ 50.00
Independent Claims	4	4	0	\$100.00	\$ 0.00
				Total Fees	\$ 50.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. <u>10837</u> in the amount of \$ <u>50.00</u> is enclosed for payment of excess claims fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	/Janyce R. Mitchell/Reg. No. 40,095 Janyce R. Mitchell
Date	November 2, 2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 11/2/2006.	
Type or printed name	Jackie Tanda
Signature	<i>Jackie Tanda</i>